

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-617-768**  
APPLICANT(S)

FILING DATE **07-14-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		2				
4	1					
5	1					
6		2				
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50						
TOTAL IND.	4					
TOTAL DEP.	4					
TOTAL CLAIMS	8					

  

CLAIMS					
	IND		DEP		
	IND	DEP	IND	DEP	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					